

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <div style="font-size: 1.2em;">09785243</div>		FILING DATE <div style="font-size: 1.2em;">02-16-01</div>					
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4	1						54						
5	1						55						
6	1						56						
7	1						57						
8	1						58						
9	1						59						
10							60						
11							61						
12							62						
13							63						
14							64						
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37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	0						TOTAL DEP.						
TOTAL CLAIMS	9						TOTAL CLAIMS						